

## *Survey Questionnaire for Sierra Radon Study*

**Participant ID:** \_\_\_\_\_  
**Name (last, first):** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**1. What type of residence do you live in?**

- ☐ One-family house detached from any other house
- ☐ One-family house attached to one or more houses (e.g., town house)
- ☐ Building with 2-4 apartments
- ☐ Building with 5-9 apartments
- ☐ Building with 10 or more apartments
- ☐ Mobile home or trailer
- ☐ Other, please specify: \_\_\_\_\_

**2. What is the age of your residence?**

- ☐ Less than 10 years;
- ☐ 10-20 years;
- ☐ 21-50 years;
- ☐ More than 50 years.

**3. At the end of this questionnaire (page 3), there are figures of different types of house substructures. Please check the one that best matches your house. If none of the figures matches your house, please draw a picture using the space at the bottom of page 3.**

**4. If your residence has a crawl space,**

**a. What is the floor material of the crawl space?**

- ☐ Exposed earth
- ☐ Paved
- ☐ Plastic sheet
- ☐ Other, please explain: \_\_\_\_\_

**b. Is the crawl space vented or not?** (vents may be screened or shuttered window-like openings, or a series of holes in the lower exterior wall of building)

- ☐ Yes
- ☐ No

**c. Is the floor over the crawl space insulated?**

- ☐ Yes
- ☐ No
- ☐ Partially

**5. If your residence has a basement, is the basement used as a living space (i.e. bedroom, living room, family room, etc.)?**

- ☐ Yes
- ☐ No

**6. What type of land is your residence located on?**

- ☐ Hill top
- ☐ Hill side
- ☐ Flat land (less than 10% grade)
- ☐ Other, please specify: \_\_\_\_\_

**7. What is the main source of your household water supply?**

- ☐ Private well  
☐ Water company: (check one)  
☐ Ground water ☐ Surface water

**8. Do you generally use a kitchen fan vented to the outside while cooking?**

- ☐ Yes ☐ No

**9. Do you generally use a bathroom exhaust fan(s) in your residence?**

- ☐ Yes ☐ No

**10. Do you generally use a whole house fan?** (A whole house fan is a large electric fan, usually mounted in the attic, that moves indoor air outdoors or to the attic.)

- ☐ Yes ☐ No

**11. How often do you leave the windows and/or outside doors open regularly during each season? Please check the appropriate spaces.**

	Never	Rarely	Occasionally	Often	Always
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Do you use central heating in your home (central heating consists of ducts or pipes that carry warm air, steam, or hot water to all rooms)?**

- ☐ Yes ☐ No

**13. Do you use an air-conditioner in the room where the radon monitor is placed?**

- Living room/ Family room: ☐ Yes ☐ No  
Basement (if applicable): ☐ Yes ☐ No

**14. Do you have the following appliances inside your home?** (not including items located in the garage)

- Dryer: ☐ Yes ☐ No      Furnace: ☐ Yes ☐ No  
Boiler: ☐ Yes ☐ No      Fireplace: ☐ Yes ☐ No  
Woodstove: ☐ Yes ☐ No  
Other combustion devices (Specify items and quantity: \_\_\_\_\_ )

**15. How many people live in your home on a permanent basis? \_\_\_\_\_**

**16. Do people generally smoke in your home?**

- ☐ Yes ☐ No



### **Log Form for Radon Monitors**

Please record the identification number and the starting date for each monitor in the space given below.

Location (e.g., living room or basement)	Duplicate (yes or no)	Monitor ID # (6-digit number)	Starting Date (month/day/year)
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

### **Request for Permission to Visit Your Home**

We hope to visit a subset of the surveyed residences for quality assurance and to take some soil and water samples. This visit will take less than 30 minutes. Please indicate your willingness to allow personnel from the California Department of Health Services to visit you home for the sub-study.

- ☐ Yes.  
☐ No.

**Additional comments or questions regarding the sub-study:**

**PLEASE MAIL THESE PAGES IN YELLOW TO US WITH THE ENCLOSED POSTAGE PREPAID ENVELOPE. THANK YOU VERY MUCH!**